



LORAIN METROPOLITAN HOUSING AUTHORITY

1600 KANSAS AVE LORAIN OHIO 44052

(440) 288-1600

TDD/TTY (800) 750-0750

WWW.LMHA.ORG

EQUAL HOUSING OPPORTUNITY

January 16, 2024

Dear HCVP participant,

Thank you for your interest in the upcoming session of our Homeownership Program Pre-purchase Home Buying classes. You may return your application and requested verifications one of three ways:

1. **Mail** the completed application **AND ALL verifications** to:
LMHA attn. Amber N. Reifschneider
1600 Kansas Ave.
Lorain, OH 44052
2. **Upload** your documents to <https://myportal.lmha.org>, follow up with email to areifsc@lmha.org to indicate that your documents have been uploaded.
3. **Drop-off** the completed application **AND ALL verifications** in the LMHA drop box located outside the main entrance of our Kansas Ave. location in Lorain. This method can be utilized 24/7.

Completed applications and ALL VERIFICATIONS must be submitted to our office no later than Friday, February 2, 2024. An application is not considered complete without all required verifications. All required verifications are listed on the applications. Completed applications received after this date will not be reviewed for the March 2024 session of classes and you will need to reapply for the next session.

If you have any questions, please do not hesitate to contact me via the email listed below. I look forward to working with you on your home purchase.

Do not email your application or verifications

Sincerely,

Amber N. Reifschneider

Amber N. Reifschneider
Homeownership Case Manager
(440) 288-7433
areifsc@lmha.org

Please contact me if you need assistance to understand this document.
Por favor, póngase en contacto conmigo si necesita ayuda para entender este documento.

2024 LMHA

Homeownership^{Program}

Orientation & Training Schedule

Learn about pre-purchase home buying topics such as money management, credit, loan shopping, and steps to buying a home.

2024	CLASS DATES & TIMES	APPLICATION AVAILABLE	APPLICATION DUE
Class #1	March 2 & 9, 2024 9:00 am—3:30 pm	January 16, 2024	February 2, 2024
Class #2	June 1 & 8, 2024 9:00 am—3:30 pm	April 15, 2024	May 3, 2024
Class #3	August 3 & 10, 2024 9:00 am—3:30 pm	June 17, 2024	July 5, 2024
Class #4	November 9 & 16, 2024 9:00 am—3:30 pm	September 23, 2024	October 11, 2024

* Attendance at both classes required for the Homeownership Program

** Pick-up your application, when available, at the front desk.

Classes take place at: 1600 Kansas Avenue, Lorain, Ohio 44053

For more information call Amber Reifschneider at
440-288-7433 or email at areifsc@lmha.org

WWW.LMHA.ORG

TDD/TTY: (800)750-0750



EQUAL HOUSING
OPPORTUNITY

2024 LMHA Homeownership Program

Eligibility Questionnaire

ARE YOU ELIGIBLE?

If you can answer "YES" to ALL of the questions below, you may be eligible for the Homeownership Program.

#1

Have you been an LMHA HCV participant for at least 1 year and can move with a 30-day notice?

#2

Are you employed, averaging 30 hrs / week for the last 12 month, and earn at least \$ 14,500 annually?

-OR-

Is the head, spouse, or co-head of your household elderly or a person with a disability with a gross annual income of at least \$11,316.

#3

Do you have \$2,500 in the bank ? (This can be a gift or tax return)

Can you ALSO provide a down payment of at least 3 % of the purchase price of your home?

#4

Are you a first-time home buyer ? (You haven't owned a home in the last 3 years)

#5

Has anyone in your household **EVER** lived in a house purchased through this program?

#6

Do you owe money to Lorain Metropolitan Housing Authority?

You must also answer "NO" to the below questions

Be sure to submit all required verifications to complete your application.



**LORAIN METROPOLITAN HOUSING AUTHORITY
APPLICATION FOR HCV HOMEOWNERSHIP OPTION PROGRAM**

1600 KANSAS AVENUE, LORAIN, OHIO 44052
PHONE: LORAIN 440-288-1600– FAX 440-288-7363



Please complete all sections of this form and ANSWER ALL QUESTIONS. The answers provided on this document are used to determine your eligibility for the home ownership program subsidized through the U.S. Department of Housing and Urban Development (HUD).

DO NOT leave any questions blank.

HEAD OF HOUSEHOLD (Person applying)

Last Name	First Name	Phone Number
Street Address and Apartment Number		Last 4 of Social Security Number
City & State	Zip Code	Email

HOUSEHOLD COMPOSITION – List all other people in your household

Full Name	Age	Birth Date	Sex	Relationship To Head of Household	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

*Have you or anyone in your household ever lived in a house that was purchased using the HCV Homeownership program? _____

*Have you been on the HCV Rental Program for at least 1 year? _____

*Have you been in the unit you are currently renting for at least 1 year? _____

*Do you owe the HCV Program (Section 8) or Public Housing money? _____

*Can you attend **ALL** of the required homebuyer training classes? _____

Household Income

You must answer ALL questions below

IF YOU ARE DISABLED OR 62 YEARS OLD OR OLDER

YOU MUST HAVE HOUSEHOLD INCOME OF NO LESS THAN \$11,316 PER YEAR TO QUALIFY FOR THE HOMEOWNERSHIP PROGRAM.

***You must provide a current benefits statement confirming your annual income.**

1. Are you or your spouse/co-head disabled? _____ Do you require a reasonable accommodation? _____
2. Do you or your spouse/co-head receive Social Security or SSI benefits? _____
3. How much do you or your spouse/co-head receive each month? \$ _____
4. Do you or your spouse/co-head receive pension, retirement, or annuity each month?
 - If yes, how much is received each month? \$ _____

IF YOU ARE NOT DISABLED OR AT LEAST 62 YEARS OLD,

YOU MUST BE WORKING NO LESS THAN 30 HOURS PER WEEK FOR THE PAST 12 MONTHS AND EARNING AT LEAST \$14,500.00 PER YEAR TO QUALIFY.

***You must provide a 12 month printout / paystubs from your employer confirming your hours and pay.**

1. Do you or your spouse/co-head work a full-time job? _____
2. If yes, how many hours per week do you or your spouse/co-head work? _____
3. Are you self-employed or run your own business? _____
 - If yes, provide documentation of your income and expenses.

Assets

You must submit verification of your \$2,500

IT CAN BE A GIFT OR YOU CAN USE YOUR INCOME TAX REFUND FOR THIS.

Do you have the required \$2,500.00 now? _____

Are you using your next tax return (last year's return for documentation)? _____

Is someone giving you the \$2,500 as a gift (attach a notarized statement from that person stating that it is a gift)? _____

Property

PROPERTY (PAST OR CURRENT) – You must be a first time home buyer.

1. Do you or anyone in your household own or share ownership in any real estate - commercial or residential?
 - If yes, type of property: _____
 - Provide property address: _____
2. Have you or anyone else in your household owned a home in the last 3 years? _____
 - If yes, who? _____
 - Provide property address: _____

Down Payment

THE HOMEOWNERSHIP PROGRAM REQUIRES THAT THE BUYER HAS A DOWN PAYMENT EQUAL TO 3% OF THE PURCHASE PRICE OF THE HOME (1% OF WHICH MUST COME FROM PERSONAL RESOURCES).

ARE YOU PREPARED TO MAKE THIS DOWN PAYMENT IN ADDITION TO THE \$2,500 NEEDED FOR YOUR UPFRONT COSTS? FAILURE TO DO SO WILL JEOPARDIZE YOUR HOMEOWNERSHIP PARTICIPATION.

Please initial the box that applies to you. *You must **initial** only one.*

_____ YES, I understand that in addition to the \$2,500 required for 3rd party fees and closing costs, I am also required and am prepared to make a DOWN PAYMENT no less than 3% of the purchase price of my selected home.

_____ NO, I am not able to make a 3% DOWN PAYMENT on my selected home that is in addition to the \$2,500 required for 3rd party fees and upfront costs.

SECTION VI – CERTIFICATION OF THE FAMILY

I/We hereby certify that I/we understand my/our family obligations and responsibilities to the Lorain Metropolitan Housing Authority and I/we further acknowledge and understand that my/our housing assistance may be terminated and/or I/we may face criminal prosecution if I/we violate my/our family obligations.

I/We hereby swear and attest, under penalty of perjury, that all of the information contained in this document is true and correct. I understand that ALL CHANGES in the income of ANY member of the household MUST be reported to the Lorain Metropolitan Housing Authority, in writing, within 14 days of the occurrence. Also the Lorain Metropolitan Housing Authority must approve ANY additional household members before they move in. The head of household must request in writing to add or to remove any member.

WARNING: Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER OHIO STATE LAW.**

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

If anyone outside your household helped you complete this form, please provide their name & relationship to your family:

Name

Relationship to Family

Date

HOUSING CHOICE VOUCHER HOMEOWNERSHIP OPTION PROGRAM APPLICATION

- THIS APPLICATION MUST BE FILLED OUT BY THE HEAD, SPOUSE, OR CO-HEAD OF THE HOUSING CHOICE VOUCHER (HCV) FAMILY.
- PLEASE PRINT CLEARLY; APPLICATION MUST BE READABLE TO BE PROCESSED.
- THE APPLICATION MUST BE TOTALLY COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED.

➡ YOU MUST ATTACH INCOME VERIFICATION OR THE APPLICATION WILL NOT BE ACCEPTED.

➡ IF WORKING, YOU MUST ATTACH A PRINTOUT FROM YOUR EMPLOYER / PAYSTUBS VERIFYING THAT YOU HAVE WORKED 30+ HOURS PER WEEK FOR THE PAST 12 MONTHS (1 year).

➡ YOU MUST ATTACH VERIFICATION SHOWING YOU HAVE \$2,500.00 OR HOW YOU PLAN TO GET IT OR THE APPLICATION WILL NOT BE ACCEPTED.

APPLICATIONS ACCEPTED
THROUGH FEBRUARY 2, 2024 ONLY
No late applications will be accepted